

## IPDC MEMBERSHIP INFORMATION FORM

By completing and returning this form you are certifying that you meet IPDC membership requirements as defined by IC 33-9-12-1 (...public defenders, contractual pauper counsel and other court appointed attorneys regularly appointed to represent indigent defendants)

Name: \_\_\_\_\_

Attorney No. (**REQUIRED**): \_\_\_\_\_

**County** in which you provide indigent defense services: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Member Category:

Assigned on a case-by-case \_\_\_\_\_

Contract to provide indigent defense services: \_\_\_\_\_

Salaried public defender \_\_\_\_\_

**I provide indigent defense services:** \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

### Court Information:

Please list all courts in which you serve as a public defender/regularly assigned counsel:

\_\_\_\_\_  
\_\_\_\_\_

### Case Information:

Please indicate the types of cases you handle as a public defender/regularly assigned counsel:

\_\_\_\_\_ Felony

\_\_\_\_\_ Mental Health Commitments

\_\_\_\_\_ Misdemeanor

\_\_\_\_\_ CHINS

\_\_\_\_\_ Juvenile Delinquency

\_\_\_\_\_ Termination of Parental Rights

\_\_\_\_\_ Appeals

If you provide public defender services in more than one county, please provide information for that county also. Thank you.

Signature: \_\_\_\_\_